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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael K. Just
Serial No.: 09/536,053
Filing Date: March 27, 2000
Confirmation No.: 5651

Examiner: Kambiz Zand
Art Unit: 2132
Our File No.: 10500.00.2151
Docket No.: 0500.9912151

Title: **METHOD AND APPARATUS FOR PROVIDING INFORMATION
SECURITY TO PREVENT DIGITAL SIGNATURE FORGERY**

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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3-15-05
Date

Christine Wright
Christine Wright

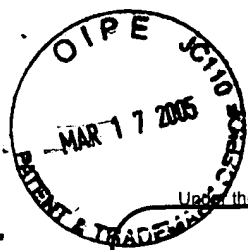
AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action mailed December 15, 2004, Applicant submits the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/536,053
Filing Date	March 27, 2000
First Named Inventor	Michael K. Just
Art Unit	2132
Examiner Name	Kambiz Zand
Attorney Docket Number	0500.9912151

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -return postcard
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Vedder, Price, Kaufman & Kammholz, P.C.		
Signature			
Printed name	Christopher J. Reckamp		
Date	March 15, 2005	Reg. No.	34,414

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Christine A. Wright	Date	March 15, 2005

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